



Northland School

Camp Permission and Health Forms



Permission Form

Student's Name:..... **Room:**

I give permission for my child to participate in: **The Year 7/8 Camp**

at: **YMCA Camp Kaitoke Upper Hutt**

dates **20-24 February 2018**

- I agree that he/she should take part in such activities and such necessary duties as may be required by the staff.
- I authorise the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary and agree to meet any costs incurred.
- Staff will text (or phone where no cell available) a parent with details of any medication given to my child.
- To the best of my knowledge medical or physical disabilities likely to prove detrimental to him/her or others during the programme have been listed overleaf.
- I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy).
- Should my son/daughter be involved in a serious disciplinary problem I accept that he/she may be sent home at my expense.

Name of parent/caregiver: (please print)

Signature of parent/caregiver:.....

Address: **Date:**.....

Telephone Numbers:

Home: **Work:**

Cellphone:.....

Emergency Contact Details

Day / night / both? (please circle)

Name:

Number:

Day / night / both? (please circle)

Name:

Number:

Please turn over to complete confidential medical report

Confidential Medical Report Child's name:Rm.....

This report is to assist us in case of any eventuality involving your son/daughter. All information is held in the strictest confidence. Does your child have any medical conditions which we need to be aware of?

Please tick if your child suffers any of the following:

Bedwetting	()	Seizures of any kind	()	Heart condition	()
Dizzy spells	()	Sleep walking	()	Asthma	()
Blackouts	()	Migraine	()	Travel sickness	()

Other:

Is your child presently taking tablets and/or medicine? YES / NO

If YES, please state the condition, the name of the medication and the dosage

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We ask parents/caregivers to note the following requests:

- All medicines must be handed to the teacher prior to leaving, with your child's name, the dose to be given and when it should be taken. Please place in a zip lock bag. (These will be kept in the first-aid cabinet and distributed as required.)
- Apart from an asthma inhaler, please do not allow children to be in possession of any medicine whilst on the trip.

Food Allergies/requirements?: YES / NO (NOTE: CAMP WILL BE NUT FREE)

If applicable, provide details of **food allergies and/or special dietary requirements:**

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NOTE: Camp Kaitoke provides gluten free bread and lactose free milk where required.

Allergies to:

Penicillin () Other Drugs () please specify:.....

Last Tetanus immunisation was:

Is this the first time your child has been away from home? (**Please** talk with your class teacher if you think there might be settling-in issues.) YES / NO

Daughters: If your daughter does not have her period, does she know what to do if it starts? (Y / N)
Is she allowed Panadol to manage it? (Y / N / NA)

I authorise the teacher in charge of the camp to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. This could include over-the-counter medicines such as Panadol and antihistamine.

Signed: **Date:**